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ABSTRACT

A sample of nurses (N=183) enrolled in a School of Nursing's master degree program was randomly assigned to read one of six vignettes about a patient who differed only in terms of diagnosis and lifestyle. Possible diagnoses were Acquired Immune Deficiency Syndrome (AIDS), AIDS acquired by a hemophiliac through blood therapy, and leukemia; possible lifestyles were homosexual and heterosexual. The nurses evaluated the patient on two subscales, one involving judgments of victims and the other concerning willingness to socially interact. Multivariate analyses of variance indicated that only the main effect for diagnosis was significant on both subscales (p .001). The hemophiliac AIDS patient and the leukemia patient were judged significantly less responsible for and less deserving of their illnesses than was the AIDS patient (p .001). However, the hemophiliac AIDS patient and the AIDS patient were considered equally dangerous; both were rated as significantly more dangerous than was the leukemia patient (p .001). Both categories of AIDS patients were stigmatized (as compared to the leukemia patient) in terms of certain social interactions. (Author/NB)

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NURSES' ATTITUDES TOWARD GAY AND HEMOPHILIAC PATIENTS WITH AIDS

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ABSTRACT

A sample (N = 183) of nurses enrolled in a School of Nursing's Master degree program was randomly assigned to read one of six vignettes about a patient who differed only in terms of diagnosis (AIDS, AIDS acquired by a hemophiliac through blood therapy, and leukemia) and lifestyle (gay versus heterosexual). The nurses evaluated the patient on two subscales, one involving judgments of victims and the other concerning willingness to socially interact. Multivariate analyses of variance indicated that only the main effect for diagnosis was significant on both subscales ($p < .001$). The hemophiliac AIDS patient and the leukemia patient were judged significantly less responsible for and less deserving of their illnesses than was the AIDS patient ($p < .001$). However, the hemophiliac AIDS and the AIDS patients were considered equally dangerous; both were rated as significantly more dangerous than was the leukemia patient ($p < .001$). Both categories of AIDS patients were stigmatized (as compared to the leukemia patient) in terms of certain social interactions.

Nurses' Attitudes toward Gay and Hemophiliac Patients with AIDS

Acquired immune deficiency syndrome (AIDS), currently of great concern to both laypersons and health care professionals, has been called a "modern-day black plague" (Batchelor, 1984, p. 1279). Recent projections indicate a rapid escalation of cases (e.g., 270,000 cases by 1991),so that the caseloads of many physicians and nurses will include one or more AIDS patients. Since hospitalized AIDS patients require intensive care, the attitudes of nurses and doctors toward AIDS patients are extremely important.

Three studies by University of Mississippi researchers (Kelly, St. Lawrence, Hood, Smith, & Cook, 1988; Kelly, St. Lawrence, Smith, Hood, & Cook, 1987 a & b) used vignettes to experimentally assess, respectively, attitudes of physicians, medical students, and nurses toward AIDS patients and toward homosexual patients. Bias against AIDS patients was found in all three groups; bias against homosexual patients was found in medical students and nurses. The nurses were randomly sampled from a list of practicing nurses in a state medical center's continuing education program; the state was said to have a moderate incidence of AIDS. Only 32.3% of the originally selected nurses participated in the mail survey. These nurses showed extremely negative attitudes toward AIDS patients and toward homosexual patients.

The current study involved a more highly educated sample of nurses and achieved virtually 100% participation. In addition, the independent variable was expanded to include a diagnosis of AIDS acquired in a presumably socially

acceptable manner--via blood products used in treating a hemophiliac patient.

Method

Subjects

Subjects were 183 nurses enrolled in a Master's degree program. Their ages ranged from 23 to 60; mean age was 33.48, standard deviation was 7.06. Their years of experience ranged from 1 to 37; mean years of experience was 10.41, standard deviation was 7.31. Over 93% were female; 92% were currently employed, primarily in hospital settings.

Materials and Procedure

The vignettes and questionnaires used by Kelly and his colleagues (1987, 1988) were adapted for this study. The vignettes consisted of 400-word descriptions of a patient, Mark, who was a college graduate working in management in a computer firm. The six versions differed in terms of diagnosis (AIDS, hemophiliac with AIDS acquired via blood therapy, and leukemia) and lifestyle (gay vs. heterosexual).

Nurses evaluated Mark on two subscales. The first, a 9-item scale, involved judgments of Mark in terms of: his responsibility for his illness; his deserving sympathy and understanding; deserving what's happened to him; traumatic nature of his illness; Mark's having a lot of pain and suffering; his dangerousness to other people; deserving the best medical care possible; quarantining Mark; and his deserving to lose his job. These items were evaluated on a 1 to 7 disagree-agree scale.

The second subscale involved subjects' willingness to interact with Mark in terms of: striking up a conversation with him; attending a party where Mark was present; attending a party where Mark prepared dinner; working

in the same office with Mark; continuing a hypothetical friendship with Mark; renewal of a hypothetical lease with Mark; subjects' allowing their children to visit Mark in his home. These items were evaluated in terms of a 1 (Not at all) to 7 (Very Much) scale.

The research material was randomly assigned to students during their regularly scheduled classtimes. Virtually every nurse elected to participate.

Results

Separate multivariate analyses of variance were performed on the two subscales for victim judgment and social interaction. For victim judgment items, only the diagnosis main effect was significant, F equivalent = 6.91, $p < .001$; F (lifestyle) = 1.19, $p = .30$; F (interaction) = < 1. For the social interaction items, only the diagnosis main effect was significant, $F = 3.12$, $p < .001$; F (lifestyle)= 1.30, $p = .25$; F (interaction)= 1.47, $p = .12$.

Table 1 presents the univariate results for the items in the two subscales that were statistically significant as well as the results of Scheffé's post hoc tests. As can be seen, the hemophiliac/AIDS patient and the leukemia patient were judged significantly less responsible for and less deserving of their illnesses than was the AIDS patient. However, the hemophiliac/AIDS and the AIDS patients were considered equally dangerous; both were rated as significantly more dangerous than was the leukemia patient. On two of the three significant social interaction items, the AIDS and hemophiliac/AIDS patients were equally discriminated against. On the item concerning renewal of lease, only the hemophiliac AIDS patient was discriminated against.

Discussion

The current results indicate that even when an AIDS patient is not held responsible for or deserving of his illness (as in the case of a hemophiliac who acquired AIDS via blood therapy), he is considered as dangerous as patients who acquired the disease in a presumably less socially acceptable way. Moreover, this "blameless" hemophiliac/AIDS patient was discriminated against to the same extent as the AIDS patient on two of the social interaction items and was the target of discrimination on a third item when the AIDS patient was not!

This sample of well educated nurses showed no direct discrimination against homosexuality per se, but they provided evidence that the way AIDS is acquired influences judgments about whether the patient is responsible for and deserving of his illness. Perhaps, as Kelly et al. suggested (1987b) responsibility and deservingness are influenced by presumptions of past sexual promiscuity rather than sexual preference per se. In any event, even the presumably "blameless" hemophiliac/AIDS patient was discriminated against in terms of certain social interactions.

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Table 1

Results of Univariate Analyses and of Scheffé's Tests for Items Showing Statistical Significance

Items	Diagnosis			F ratio
	AIDS	Hemophilia/ AIDS	Leukemia	
	n = 61	n = 60	n = 62	
Responsible for illness[a]	3.62	1.82	1.68	27.02**
Deserves illness[a]	1.85	1.22	1.12	10.81**
Dangerousness[b]	2.85	2.92	1.18	25.16**
Subject willing to attend party where patient made food[b]	4.83	5.07	6.00	7.66**
Subject willing to renew hypothetical lease[c]	6.23	5.97	6.52	3.85*
Subject willing to allow children to visit in patient's home[b]	5.15	4.85	6.22	10.53**

NOTE: Higher means indicate greater agreement or willingness, 1 to 7 scales.

[a]By Scheffé's test, AIDS differed significantly from each of the two other diagnoses.

[b]By Scheffé's test, AIDS and Hemophilia/AIDS each differed significantly from leukemia

[c]By Scheffé's test, only Hemophilia/AIDS and leukemia differed significantly.

* $p = .02$. ** $p \leq .001$.